

Exhibit G

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

PFLAG, INC.; *et al.*,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States; *et al.*,

Defendants.

Civil Action No.

DECLARATION OF KRISTEN CHAPMAN

I, Kristen Chapman, hereby declare and state and follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify. I have personal knowledge of the facts set forth in this Declaration and would testify competently to those facts if called to do so.

2. I offer this Declaration in support of Plaintiffs' Motion for a Temporary Restraining Order.

3. I am a Plaintiff in this action. I am bringing claims on behalf of myself and as the parent and next friend of my daughter, B.G. ("Willow").

4. I am the mother of three wonderful people. I live in Virginia, along with my youngest daughter, Willow, who is 17 years old, and my middle daughter, who is 18 years old. My oldest child is in college in Tennessee.

5. I love and support all three of my children and wish to provide what is best for them throughout their lives.

6. Prior to living in Virginia, we lived in Tennessee until 2023, when we moved to ensure to Willow's safety and access to the medical care she needs.

7. Because of our family's income, Willow is eligible for Medicaid. She has been eligible for and enrolled in Medicaid since we moved to Virginia.

8. Willow is transgender. When she was born, her sex was designated as "male," even though she is a girl.

9. Although she was assigned male at birth, Willow has known for most of her life that she is a girl. From a very young age, Willow wore dresses and gravitated toward friendships with girls. Willow has told us that as soon as she could conceptualize gender, she knew she was a girl.

10. Though Willow had always excelled academically, around the sixth grade, I noticed that she was struggling, and her grades had been going down. It was evident to me that something was bothering her. I now know that she was struggling with her identity and her inability to be her true self at home and in school.

11. Willow came out first to her friends first. Then one day, in the spring of 2020, while she was upstairs on her laptop and I was downstairs working, Willow sent me a three-word e-mail: "I am trans." She left it to me to inform the rest of the family.

12. Willow had already decided on her new name, Willow, before coming out and began using it with friends.

13. Though I had an understanding what being transgender meant, it took Willow's father some time to understand what it meant for Willow to be transgender and use Willow's correct name. At first, he had trouble understanding how Willow could understand her gender so young. In the end, however, after meeting some trans adults, Willow's dad came to understand his daughter better.

14. To figure out their next steps after she came out, I took Willow, who was then twelve, to her regular pediatrician at Vanderbilt University Medical Center. We were referred to the center's Pediatric Transgender Clinic.

15. The process for Willow to start the care she needed was prolonged and deliberate. The process, which involved several assessments and evaluations, lasted almost a year before Willow began medical treatment.

16. Initially, we made an appointment for on or about December 2020 at the Pediatric Transgender Clinic at Vanderbilt Children's Hospital. During our first appointment, we met with Dr. Cassandra Brady. During our first meeting with Dr. Brady, she talked to us about different endocrine treatments for gender dysphoria, requested a number of blood work, bone scans, and other evaluations that needed to be performed, which in Willow's case also involved an ultrasound. Dr. Brady also noted that Willow would need a letter of support from a mental health professional confirming Willow's gender dysphoria diagnosis. Dr. Brady also reviewed the potential risks and side effects of puberty blockers with us. For example, she reviewed the fact that patients must be monitored to ensure that the medication does not have any significant effect on bone density, and that it can initially slow one's growth in height. We continued to discuss potential side effects with Dr. Brady in most, if not all, of the subsequent visits.

17. In addition, Willow worked with several mental health professionals, before we found the right therapist for her. And because we were reliant on Medicaid, it was difficult to find the right therapist for her. Willow's therapist diagnosed her with gender dysphoria.

18. After consultation with Willow's providers, her father and I discussed the risk and benefits of treatment with puberty blockers and decided that it was the best course of treatment for Willow. Ultimately, we decided that her being able to pause puberty so that she did not develop

male characteristics before hormones were indicated for her was the correct path for our family. Our decision was based on ensuring Willow's safety and wellbeing. For example, for Willow's father, it was an important consideration that she could be safer for the rest of her life if she did not develop male characteristics that could out her as transgender.

19. At the age of thirteen, Willow was finally able to start puberty blockers.

20. Once Willow was able to start treatment and not have to worry about developing characteristics incongruent with who she knows herself to be, I noticed a positive change. Willow was a kid that even since she was a baby all the way up to middle school, she was very jovial and mischievous, she was like the jokester of the family. But as she grew up, it seemed that we lost her for several years. Once she started treatment, I noticed that she started to come back. My daughter seemed happy and jovial again.

21. As a next step in Willow's treatment plan, we hoped for Willow to begin taking estrogen around the time she turned sixteen, in December of 2023, so that she could undergo puberty with her peers and be able to grow into adulthood with feminine characteristics.

22. Yet, in March 2023, Tennessee's governor signed a bill that banned gender-affirming medical treatment for transgender minors in Tennessee.

23. The passage of the law felt as if a natural disaster had happened to our family.

24. While on paper, Tennessee's law, which was going into effect in early July, would allow transgender teens like Willow to continue their medical care until March of 2024, I was not sure we could count on that. If Willow could not continue taking puberty blockers until then, she would begin to go through male puberty, which potentially meant more surgeries and other procedures later in life.

25. Three months after the governor signed Tennessee ban, Vanderbilt University Medical Center informed patients that the previous November, at the Tennessee attorney general's request, it had shared non-anonymized patient records from the Pediatric Transgender Clinic, including photographic documentation and mental-health assessments, with the government.

26. Because we had been vocal against Tennessee's law, our family had begun receiving death threats, and our home no longer felt safe. In addition, Willow's closest option for getting puberty-delaying medications would likely have required a four-hundred-and-fifty-mile trip to Peoria, Illinois. As a result, one day my second oldest child said, "Well then, we've got to go." In response, Willow said, "I want to go."

27. At the end of July 2023, we moved to Virginia. Willow, who had received her last puberty-blocker shot at the Vanderbilt clinic in late May, was supposed to receive her next one in late August.

28. We were able to find a family clinic that could provide treatment for Willow's gender dysphoria. After consultation and discussion with us and after reviewing her medical records from Vanderbilt, Willow's new doctor started her on estrogen as treatment for her gender dysphoria in September 2023.

29. However, because the family clinic did not accept Medicaid, I had to pay for the appointments out-of-pocket. After a few months, it was becoming cost-prohibitive to our family and Willow's doctor recommended that we establish care with the Children's Hospital of Richmond at Virginia Commonwealth University ("VCU").

30. It took months for us to be able to schedule an appointment at VCU, which required us to transfer Willow's medical records from Vanderbilt and the family clinic in Virginia. In December 2024, we were able to confirm an appointment for January 29, 2025, which could not

be scheduled until they got all the medical records, for Willow to meet with a doctor at the clinic and continue her hormone treatment for gender dysphoria.

31. On January 28, 2025, the White House issued an Executive Order entitled “Protecting Children from Chemical and Surgical Mutilation” (“Executive Order”).

32. However, a few hours before the appointment, a staff person at the VCU clinic called to me to inform me that “because of everything going on,” seemingly in reference to the Executive Order, they would no longer be able to provide the medical treatment that Willow needs.

33. A statement on the website of Children’s Hospital of Richmond at VCU now states, “VCU Health and Children’s Hospital of Richmond at VCU have suspended gender-affirming medication and gender-affirming surgical procedures for those under 19 years old in response to a White House executive order and clear guidance from the state provided to VCU.” The statement links to Executive Order 14187, titled “Protecting Children from Chemical and Surgical Mutilation,” and which was issued on January 28, 2025. A true and accurate copy of the transgender services webpage for Children’s Hospital of Richmond at VCU is attached as **Exhibit A.**

34. It is horrendous and tragic that the President decided to direct federal agencies to withhold federal funding from any institution that provides medical treatments for gender dysphoria for a person under 19 years of age—and that VCU itself decided to stop providing the medical care that young transgender people like Willow need in order to not lose federal funding.

35. Willow, my middle child, and I moved to Virginia to escape the discrimination we faced in Tennessee and to ensure that Willow would have access to the health care that she needs. Now, however, I feel like the rug has been pulled out from underneath our feet.

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36. At present, Willow is without the medication that she needs, and given our very limited income, I am unsure how I will be able to secure Willow's treatment. She has expressed fear about what it will mean for both physically and mentally. Willow has expressed how not being able to access care would mean giving up on the life she envisioned for herself.

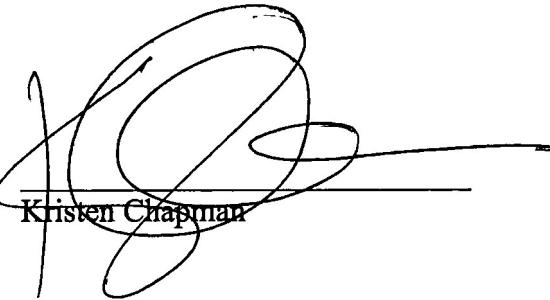
37. No human being should have to need permission to be who they are. Yet, the President's executive order, which lead to VCU suspending my daughter's care, represents a painful invalidation of who my daughter is.

38. Our family sacrificed so much to move to Virginia from Tennessee to secure access to the health care that Willow needs. To now be in the same position of being able to access this care that has so positively affected my daughter has left us devastated and traumatized.

39. All I want is for Willow to be safe, healthy, and happy, and for her to be able to dream a future for herself.

I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.

Dated this 3 day of February 2025.



Kristen Chapman

Exhibit A



- [Home\(/\)](#) / [Services\(/services/\)](#) / [Transgender](#)

Transgender

VCU Health and Children's Hospital of Richmond at VCU have suspended gender-affirming medication and gender-affirming surgical procedures for those under 19 years old in response to a **White House executive order** (<https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>) and clear guidance from the state provided to VCU.

We are committed to ensuring that we're always delivering care in accordance with the law. Appointments will be maintained to discuss specific care options for patients in compliance with the most recent guidance.

Gender-affirming care: Defining, belonging and thriving

We hope that every family that walks through our doors feels safe, loved, and affirmed and we are here to work with families to extend this support into the home and community. We are dedicated to providing gender-affirming care that is patient-centered to support each youth's gender journey.

Becoming who you were meant to be: Our care team is in your corner

Our specialists in endocrinology and adolescent medicine work together to provide well-rounded care for children and teens in a gender-friendly environment.

Care is tailored to each patient and may include:

- Medical evaluation

- Medical hormone management
- Prescription medications
- Mental health care
- Voice therapy
- Letters of medical necessity to address hormone treatment, school issues and/or surgery (as needed)
- Referrals to other medical and surgical specialists (as needed)
- Referrals to peer and family support groups
- Educational materials

Gender-affirming care road map

Once you call to schedule your initial visit, our team will share our gender-affirming care pre-visit road map to help ensure we have all the documentation we need and most importantly, to let you know what to expect along the way. We look forward to caring for your family.

[Expand all](#)

Before your first visit +

- You'll be asked to submit medical records from your primary care physician and counselor/therapist (if applicable)

What to bring to your first visit +

- Photo identification (parent/guardian)
- Insurance card
- Medical records (if you were unable to have them faxed directly to the clinic)

What to expect during your first visit +

Your first visit will include an intake and informative session. This session will NOT commit you to one set treatment plan. It's an opportunity for us to learn more about you and for you to learn about care options. Your first visit will also include:

- Physical assessment/exam
- Baseline labs (these can be drawn onsite or at another CHoR location at a later date)
- Based on the age of the patient, the doctor may request to conduct a one-on-one discussion to better assess the patient's understanding and readiness for care
- Gender-affirming medications will not be prescribed at the first visit, as the doctor will need to complete a thorough assessment, including reviewing labs, prior to prescribing medication

Comprehensive care

- Our team will be by your side throughout the development of your care plan.
- Our team of endocrinologists, adolescent medicine specialists and psychologists will work to ensure we're addressing all of your medical and mental health care needs.
- We're with you every step of the way! Don't hesitate to ask questions or for referrals to community resources.

Gender resources

It's a boy! It's a girl! Gender is often defined by the external sex organs of an individual and is assigned at birth. But gender identity comes from the brain. It's an individual's psychological sense of their own maleness, femaleness or nonbinary-ness and it cannot be determined by another person.

The traditional model of gender identity was binary, meaning there were only the two choices: male or female, but there are many individuals who don't feel they fit into either category or report that their gender identity doesn't match their body. **Learning about the terms currently used to describe gender can increase our understanding of what a child may be experiencing in this regard.** [\(/blog/expanding-views-of-gender-greater-awareness-greater-support/\)](https://blog/expanding-views-of-gender-greater-awareness-greater-support/) This can also promote acceptance, which is so important, as acceptance, especially from family members, protects these youth from depression, suicidal thoughts and other risk factors

Side by Side (<https://www.sidebysideva.org/>)

Dedicated to creating supportive communities where Virginia's LGBTQ youth can define themselves, belong and flourish.

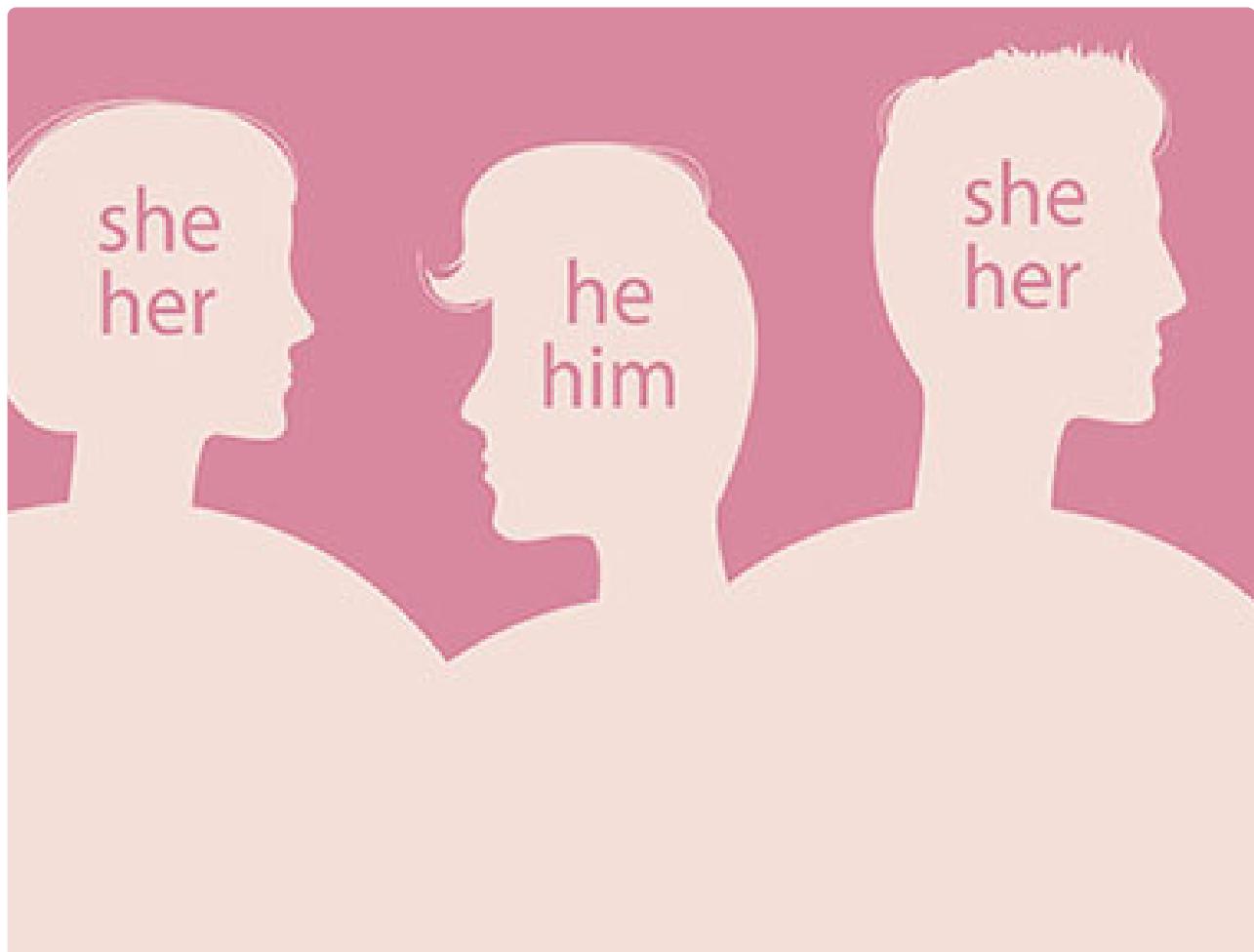
Gender Spectrum (<https://genderspectrum.org/>)

Global online community for gender-expansive teens, their families and support professionals to connect, collaborate and find resources.

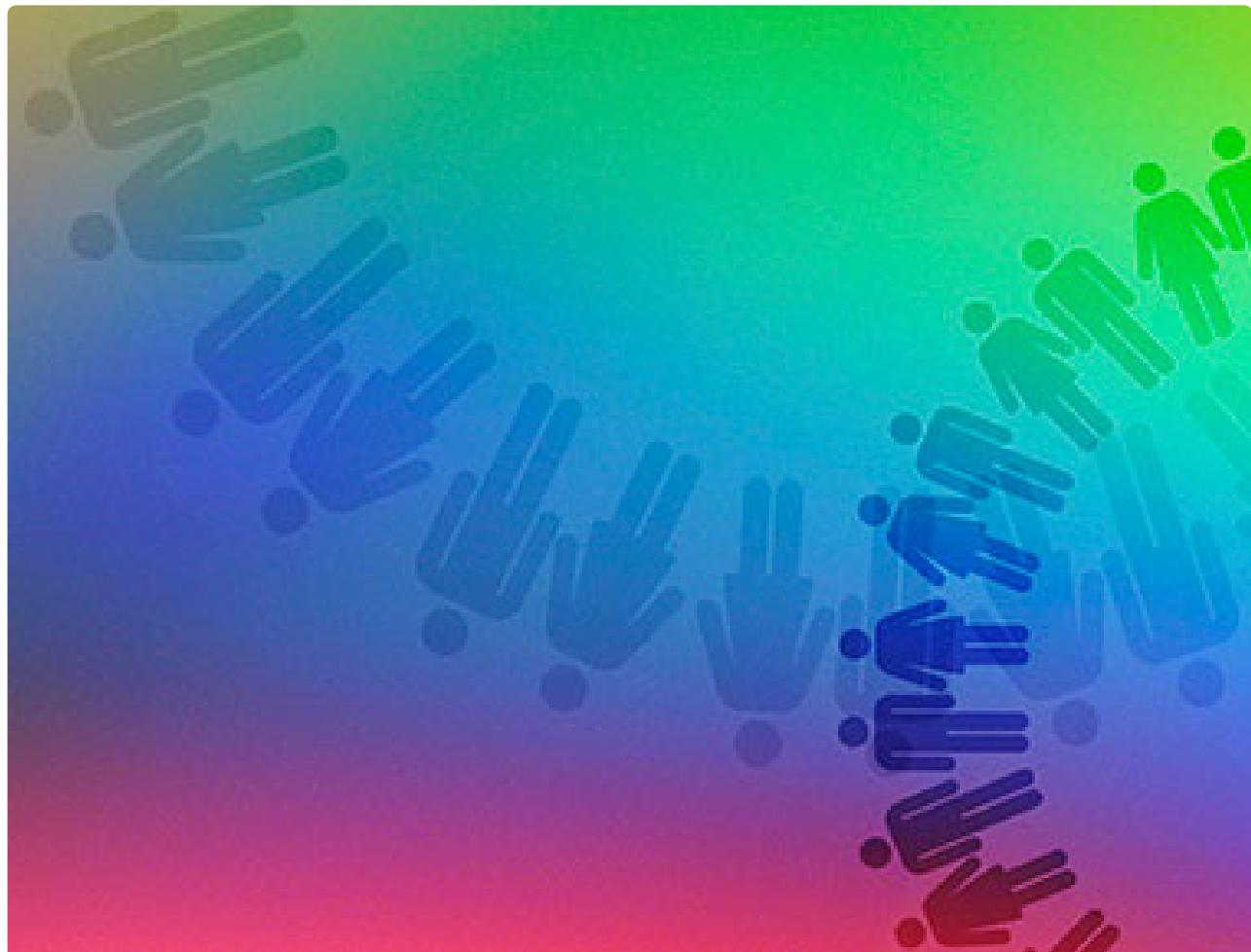
Family Acceptance Project (<https://familyproject.sfsu.edu/>)

A research, intervention, education and policy initiative that works to prevent health and mental health risks for LGBTQ children and youth including homelessness, suicide and HIV in context of their family, cultures, and faith communities.

Related stories



□



Expanding views of gender: Greater awareness, greater support

[Read more](#)(/blog/blog-details/?id=f43e4324-a19d-49f5-9aaa-7c113475b15d) □

[View all stories](#)(/blog/) □

Locations

[View all locations](#)(/locations/) □

2305 N. Parham Road, Suite 1
Richmond, VA 23229

View location (</locations/location-details/?id=27>)

Children's Pavilion

1000 East Broad Street
Richmond, VA 23219

(804) 828-CHOR (2467)([\(tel:\(804\) 828-CHOR \(2467\)\)](tel:(804) 828-CHOR (2467))

View location (</locations/location-details/?id=4>)

Request an appointment

(804) 828-CHOR (2467)(tel:8048282467)

Request an appointment(/patient-and-family-resources/make-an-appointment/)